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Western Regional Office One Monarch Place, Suite 510 Springfield, MA 01144-4028 Phone 413-784-1711 Fax 413-784-1707

Change of Address

MTRS USE ONLY

Retired Member

INSTRUCTIONS

It is vitally important that you keep us informed of any change in your home address, whether temporary or permanent: your retirement allowance checks and direct deposit statements will not be forwarded. We will also be sending you financial documents and other forms (1099–R tax form, verification of eligibility) throughout your retirement.

Please send us notification of any change in your address at least 30 days before the s received after the 15th of the month will not h

	reflective date of the change; any changes received after the 15th of the reflected until the following month. While we cannot accept address of telephone, we will accept changes via fax. You will, however, still need form.	changes over the	
	Please complete this form and return it to our main office.		
	If you have any questions, please visit us online at mass.gov/mtrs, or feel free to call us at (617) 679-MTRS. Thank you!		
F	ERSONAL DATA		
Part 1	Social Security number		
	Name Last	First Middle	
	I receive my monthly retirement allowance by Mail Direct deposition (check one):	it	
Part	If, from year to year, you regularly reside at a temporary address summers at your temporary address), you still need to notify us Permanent Address I wish to receive mail at this address beginning on/		
2	and continuing until further notice.	After this time, send mail to my permanent address.	
	Address	Address	
	City State ZIP	City State ZIP	
	Phone ()	Phone ()	
_		<u> </u>	
Part	MEMBER'S STATEMENT AND SIGNATURE I, the undersigned, am the benefit recipient named in Part 1. I hereby notify the MTRS that my address is as listed in Part 2, above.		
3	Signature	Date	